

Administration & Regulatory Affairs Department
Regulatory Affairs Division- Transportation Section
5050 Wright Road
Houston, Texas 77032
281.233.2052 Facsimile
281.233.7860 Office
Monday through Friday
7:00 a.m. until 6:00 p.m.

Driver's License Application Checklist

**TAXICAB, LIMOUSINE & JITNEY DRIVER APPLICANTS NO LONGER NEED TO GO TO
THE HOUSTON POLICE DEPARTMENT FOR FINGERPRINTING.**

- Take the completed application packet to 1400 Lubbock, Municipal Court, for a traffic warrant check. \$9.00
- Obtain the Security Badge Application at www.fly2houston.com and complete the application in its entirety then go to the Badge Office located at Bush Airport Terminal A, Baggage Claim level with \$39.00 (cash only) for fingerprinting. There is an additional fee of \$6.00 for the Airport Badge.
- After the fingerprinting wait 3-5 business days then call the Transportation Section @ 281.233.7860 to determine if your fingerprint clearance has been received from the Badge Office. There are no more fees for the license.
- If fingerprint clearance has been received by the Transportation Section, Come to 5050 Wright Road with the completed Transportation Section driver application, including the completed physical form, warrant check page, and a 5- Panel Non DOT drug screen that was done in the preceding 30-day period, with Chain of Custody.
- All Taxicab driver applicants must be prepared to take and pass the Taxicab Driver's Exam.
- After receiving the Taxicab or Limousine driver's license, you may go back to the Badge Office at Terminal A to pick up the Security Badge.

Other Application Information

- Incomplete applications will not be processed
- Only original documents will be accepted. No copies.
- Documents must have identical names and spellings.
- Documents containing alterations, erasures, or outdated photos will not be accepted
- Applications are valid for 30-days from the date of the application.

City of Houston
Regulatory Affairs Division- Transportation Section
5050 Wright Road
Houston, Texas 77032
(281) 233.7860 Fax (281) 233.2052

VEHICLE-FOR-HIRE DRIVER'S LICENSE APPLICATION

1. For which type of City issued driver's license do you want to apply?
(Check One): ☐ Taxicab ☐ Limousine ☐ Jitney ☐ School Bus
2. Texas Driver's License Number: _____ Class: _____ Expiration Date: _____
3. Social Security Number: _____ Place of Birth: _____
4. Name: Last: _____ First: _____ Middle Initial: _____
5. Mailing Address: _____ City: _____ Zip Code: _____
6. Physical Address: _____ City: _____ Zip Code: _____
7. Business Phone Number: ____/____/____ Home Phone Number: ____/____/____
8. List your places of residence for the past 5-years below:

9. Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____
10. Date of Birth: ____/____/____ Sex: _____ Race: _____ Marital Status: _____
11. Have you previously had a license? Check One: ☐ Yes ☐ No
12. Do you currently have a city issued driver's license? Check One: ☐ Yes ☐ No
13. Have you had a city license suspended, revoked or denied? Check One: ☐ Yes ☐ No
14. Have you had any traffic violations in the preceding 12-months? Check One: ☐ Yes ☐ No
15. Have you ever been convicted of a crime? Check One: ☐ Yes ☐ No
16. What company do you intend to drive for? _____
17. List your occupation(s) and company name(s) for the past 5-years below.

DATE	NAME OF COMPANY	ADDRESS	OCCUPATION

SCHEDULE M
Vehicle-For-Hire Driver's
Medical Examination Form

Name: _____ Address: _____

Have You Ever Had: Heart Trouble? Epilepsy? Fainting Spells? Diabetes? Tuberculosis?

If "Yes" to any of the above, explain:

To Be Completed by Physician:

Visual Acuity * (If individual wears glasses, test and record acuity with and without glasses)

Without Glasses: R 20/_____ L 20/_____ B 20/_____

With Glasses: R 20/_____ L 20/_____ B 20/_____

Field of Vision _____ Degrees _____ Depth Perception _____

Color Perception _____ Muscular Abnormalities _____

Hearing without Hearing Aid: Right _____ Left _____

Heart Sounds: At Apex Murmur _____ At Base Murmur _____

Rhythm _____ Enlargement Indicated _____

Pulse: Rate _____ Regularity _____

Blood Pressure: Systolic _____ Diastolic _____

Condition of Arteries: Sclerosis _____ Pulsations _____

Lungs: Rate _____ Breathing Sounds _____

Weight: _____ Height: _____

Extremities: Deformities _____

Routine Office Urinalysis _____

Evidence of Infectious Disease, Mental Disability, Emotional Instability, or Drug Addiction: _____

Remarks regarding any Condition not within Normal Limits: _____

This is to Certify that I have examined: _____ and certify that he/she is mentally and physically fit to safely operate and drive a Vehicle-For-Hire.

Signature of Physician: _____

Address _____ Telephone # _____ / _____ / _____

Date of Examination _____

*Either a licensed physician or a licensed optometrist may perform visual Examination.

If additional space is needed, attach extra sheet.

**** Note:** Physical form must be signed by the doctor, dated, have the address and phone number from the clinic, or it **will not** be accepted.

SCHEDULE C
CHARACTER REFERENCES FORM

Name of Applicant:

Last First MI

Texas Drivers License Number _____

***CHARACTER REFERENCE INFORMATION CANNOT BE COMPLETED BY THE APPLICANT. CHARACTER REFERENCES MUST HAVE KNOWN APPLICANT FOR MORE THAN ONE YEAR AND CANNOT BE RELATED TO THE APPLICANT**

Character Witness #1

- Has the applicant ever been your employee? _____
- Does the applicant use liquor to excess or drugs? _____
- In your opinion is the applicant trustworthy? _____ Honest? _____ Good Character? _____

Name (Please Print) _____

Home Address _____

Business Name _____

Business Address _____

Home Phone _____ Business Phone: _____

Signature _____ Date _____

Character Witness #2

- Has the applicant ever been your employee? _____
- Does the applicant use liquor to excess or drugs? _____
- In your opinion is the applicant trustworthy? _____ Honest? _____ Good Character? _____

Name (Please Print) _____

Home Address _____

Business Name _____

Business Address _____

Home Phone _____ Business Phone: _____

Signature _____ Date _____

*** QUESTIONS ARE YES AND NO ONLY. NO CHECKS OR X'S!**

**** IF YOU ARE A JITNEY APPLICANT, THE REFERENCE HAS TO HAVE KNOWN YOU FOR ATLEAST TWO (2) YEARS.**

City of Houston
Administration and Regulatory Affairs Department
Transportation Division
Driver Affidavit

Declaration of Applicant:

Under penalties of perjury, I (print name) _____ declare that I have examined this application and accompanying Schedule C (Character References Form) and Schedule M (Medical Examination Form) and to the best of my knowledge and belief, that all information herein is true, correct, and complete.

Applicant Signature

State of Texas
County of Harris

Before me, _____ on this day personally appeared _____ proved to me through to be the person whose name is subscribed to the foregoing instrument and knowledge that he/she executed the same for purposes and consideration therein expressed.

Given under my hand and seal office this _____ day of _____ Ad 20__

Signature of Notary

My Commission Expires

FOR OFFICE USE ONLY

<p>MUNICIPAL COURTS WARRANT CHECK \$9.00 1400 LUBBOCK, 1ST FLOOR</p>	<p>CHECKED BY: _____ CLERKS; COROPORATION COURT</p>
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